



GP1623

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Jean Bernard LELEU, Patrick HAON,
Pierrick DUFLOT, and Philippe LOOTEN

Art Unit: 1623

Examiner: E. White

Serial No.: 09/160,133

Filed: September 25, 1998

For: **MALTITOL CRYSTALS OF PARTICULAR FORMS, CRYSTALLINE
COMPOSITIONS CONTAINING THEM AND PROCESSES FOR THEIR
PREPARATION**

BOX FEE AMENDMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

☐ a small entity - verified statement:

☐ attached

☐ already filed.

☒ other than a small entity.

I hereby certify that this correspondence is being
deposited with the United States Postal Service in
first class mail in an envelope addressed to: Com-
missioner of Patents and Trademarks, Washington,

D.C. 20231, on

December 6, 1999

Kenneth J. Connelley

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EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(a) ☐ Applicant petitions for an extension of time under 37 CFR 1.17(a)-(d) for the total number of months checked below:

	Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/>	two months	\$ 380.00	\$190.00
<input type="checkbox"/>	three months	\$ 870.00	\$435.00
<input type="checkbox"/>	four months	\$1,360.00	\$680.00

FEE: \$0.00

If an additional extension of time is required please consider this a petition therefor.

(b) ☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

COL. 1		COL. 2		COL. 3	SMALL ENTITY	SMALL ENTITY		OTHER THAN A		
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra		Rate	Addit Fee	OR	Rate	Addit Fee
Total	*32	Minus	** 22	10	x	\$ 9	\$0		\$ 18	\$180
Independent	6	Minus	*** 5	1	x	\$ 39	\$0		\$ 78	\$78
<input type="checkbox"/> First presentation of Multiple Dep. Claim					x	\$130	\$0		\$260	\$0.00
						TOTAL	\$0	OR	TOTAL	\$258..

- * If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ No additional fee for claims is required.

OR

☒ Total additional fee for claims required \$ 258.00

FEE PAYMENT

5. ☐ Charge Account No. 08-1650 the sum of \$_____. A duplicate of this transmittal is attached.

☒ A check in the amount of \$ 258.00 is enclosed.

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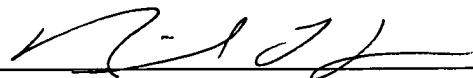
FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Account No. 08-1650.

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 08-1650.

12-1-99
Date


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